

## **INMATE MENTAL HEALTH INFORMATION FORM**

### **INMATE INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS BEFORE PRISON: \_\_\_\_\_  
CDCR #: \_\_\_\_\_ HOUSING, IF KNOWN: \_\_\_\_\_

### **FAMILY CONTACT INFORMATION**

THIS FORM IS BEING COMPLETED BY: \_\_\_\_\_  
FAMILY MEMBER WHO CAN BE CONTACTED REGARDING THIS FORM: \_\_\_\_\_  
RELATIONSHIP TO INMATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ ZIP: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

### **MENTAL HEALTH INFORMATION**

#### **PSYCHIATRIST INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ APPROXIMATE DATES OF TREATMENT: \_\_\_\_\_

#### **PSYCHOLOGIST/ COUNSELOR INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ APPROXIMATE DATES OF TREATMENT: \_\_\_\_\_

DESCRIBE THE INMATE'S MENTAL HEALTH HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_  
Side effects or negative reactions to medications: \_\_\_\_\_

**ARE YOU WORRIED THAT THE INMATE MIGHT HARM HIMSELF?** ☐ NO ☐ YES

If yes, explain your concerns: \_\_\_\_\_

**HAS YOUR FAMILY MEMBER ATTEMPTED SUICIDE IN THE PAST?** ☐ NO ☐ YES

If yes, provide approximately date(s) and number of suicide attempts/threats: \_\_\_\_\_

What was going on that might have triggered suicidal thoughts or behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **MEDICAL INFORMATION**

#### **MEDICAL DOCTOR:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ APPROXIMATE DATES OF TREATMENT: \_\_\_\_\_  
LIST MEDICAL CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

### **NORTH KERN STATE PRISON CONTACT INFORMATION**

PLEASE FAX OR MAIL THIS FORM TO: **DR. GREG HIROKAWA, CHIEF PSYCHOLOGIST**

**ADDRESS: NORTH KERN STATE PRISON/ P.O. BOX 567/ DELANO, CALIFORNIA 93216-0567** or **FAX: (661) 721-6262**

**NOTE: If you have any additional information you'd like to share, please attach a separate sheet. Thank you for your assistance!**

*This form was developed with the assistance of NAMI California*